PTO/SB/06 (12-04)

Under the Paperwork Re	eduction Act of 1995, no pers	sons are required to respo	U.S. Palent and T	Frademark Office	U.S. DEPAR	TMENT OF COMMERCE
PATEN	T APPLICATION F	EE DETERMINAT	ION RECORD	iomation unless	il displays a v	rafid OMB control number
Substitute for Form PTO-575					Application or Docket Number	
APPLICATION AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY		O R	OTHER THAN
FOR	NUMBER FILED				Ort	SMALL ENTITY
BASIC FEE . (37 CFR 1.16(a), (b), or (c))	NomockfileD	NUMBER EXTRA	RATE (\$)	FEE (S)	RA	TE(S) FEE(S)
SEARCH FEE (37 CFR 1.16(k), (i), or (m))		· ·	-	275	-	790
EXAMINATION FEE (37 CFR 1.16(0), (p), or (q))						
TOTAL CLAIMS	10					
(37 CFR 1.16(i)) INDEPENDENT CLAIMS	/ / minus 20 =	•	× 35 =		OR X	0
(37 CFR 1.16(h))	minus 3 =	•	× /(1) =			
"APPLICATION SIZE" "	If the specification and	drawings exceed 100	1 - / 1		××	10 =
is \$250 (\$125 for small enlity) for each			· · · · · · · · · · · · · · · · · · ·			
(37 CFR 1.16(s))	additional 50 sheets or	fraction thereof See		-		
44.7.104.7.104	35 U.S.C. 41(a)(1)(G)-a					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 4.16(I)).			180		36	0
* If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL					TOT	AL CONTRACT
APPLICATION AS-AMENDED - PART-II						
	41146	olumn'3) (Column'3)	SMALL EN	ALILA		THER THAN WALL ENTITY
REM AME	MAINING NU	GHEST JMBER PRESENT VIOUSLY EXTRA D FOR	RATE (\$)	ADDI TIONA	RATE	. 1
TEL TOTAL	10 Minus "	20	×25=	FEE (b)	50	FEE (b)
Z 137 CFR 1 16/hp	Minus ···	3	100			
Z	व स्टाट ४ म्हर्स्टन		100=	C	20	0 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR : 10-0)				1	26	0
•	·		TOTAL ADJUSTED	Ŭi	70741	0
(Colu	mn 11 · · · · · · (Co	lumr 2): - (Column:3):		<u> </u>	ADDVLFE	
CU	Allas Hig	HEST		· · · · · ·		
A="	TER PREVI	DUSLY ETTRA	PATE 1911	4 DO		A
ing!	PAID				<i>i</i>	
	Minus		,20		50	
Application Size Fee (37	CFR 1.16(s))		×100		200	2=
FIRST PRESENTATIONS OF COMMUNITIFIE DEFENDENT CLAIM (STICE) (LICLL)			180			
					360	2
If the entry in column 1 is less than the entry in column 2, write 10° in column 3. If the "Highest Number Presourch Poid Find M.T. (10,00) and the column 3.			TOTAL ADD'L FEE	Ots	EDTAL ADDILFEE	
If the Highest Number P	reviously Paid For IN THIS:	in 2, write 101 in column 3. SPACE is less than 20, en	ler *20*			
The "Highest Number Pre	viously Paid For Code of the	SPALE is less than 3, enle	c-3°.			
collection of information is a TO to process) an application	required by 37 CFR 1.16. T	he information is required	to obtain or retain a	ppropriate box in	column 1.	

This USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and the amount of time you require to complete depolication form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office 11.2. December and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.